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# Assistive Technology

## Technical Assistance Document July 2006

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The following guidance addresses the selection and use of assistive technology devices and services for children and families enrolled in Missouri First Steps.

Between birth and age 3, many basic skills are developed. Part C of the Individuals with Disabilities Education Act (IDEA) provides for an early intervention program that offers services to eligible children and their families that are designed to enhance the child's developmental needs. Assistive technology is one of 16 early intervention services recognized under IDEA.

Federal and state regulations implementing Part C of IDEA provide for assistive technology devices **when these devices are necessary to increase, maintain, or improve the functional capabilities of an infant or toddler in one or more of the following areas of development:**

- physical development
- communication development
- cognitive development
- social-emotional development
- adaptive development

IDEA defines assistive technology devices and services as follows:

**Assistive technology device** means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

**Assistive technology service** means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include

- (i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- (ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

- (iv) *Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;*
- (v) *Training or technical assistance for a child with disabilities or, if appropriate, the child's family; and,*
- (vi) *Training or technical assistance for professionals, (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities"* 34 CFR Sec. 303.12 (d)(1).

AT devices can range from items considered low technology to those considered high technology. Low technology devices are items that rely on mechanical principles and can be purchased or made using simple hand tools and easy to find materials. High technology devices include sophisticated equipment and may involve electronics. **Attachment A** of this document contains examples of the types of assistive technology devices, both high and low that may be provided to eligible children under First Steps, as well as, examples of items that are not considered assistive technology devices under First Steps.

In determining whether an assistive technology device should be provided under First Steps, the IFSP team must consider whether the device is needed to increase, maintain, or improve the child's functional abilities. For example, ankle-foot orthotics, braces, or similar types of equipment may be needed by a child with cerebral palsy to increase, maintain, or improve the child's functional mobility. In contrast, medical equipment required as part of routine health care (e.g., treatment for an acute condition resulting from an injury or life sustaining equipment) is not considered assistive technology under Part C of IDEA. When considering the need for assistive technology devices and services it is necessary to consider the child's age, the expected developmental levels for that age and the child's current functioning.

- Is the child able to functionally communicate with adults and peers within reasonable expectations for his or her age?
- Is the child able to sit independently? Stand independently? Walk independently?
- Is the child able to feed himself/herself independently?
- Is the child able to engage in age-appropriate play with toys and with others independently?

If the answers to questions like those above are "no," and based on the child's age should be "yes," it may be appropriate to consider the need for assistive technology devices and services during the multidisciplinary evaluation and IFSP process. In addition, the priorities, and concerns of the family and the outcomes the family and IFSP team hope to attain through the provision of early intervention services are essential considerations when making decisions related to assistive technology devices and services.

The following are frequently asked questions and answers regarding assistive technology needs.

### **1. What are some examples of assistive technology services for infants and toddlers with disabilities?**

Examples of assistive technology services include installing, customizing or adapting equipment; assisting children benefiting from these devices, and training of parents and other caregivers (including child care providers) in using assistive technology devices to improve children's functional capabilities. Customizing equipment can include constructing

new equipment or fitting commercial items to an individual child (for example, a tri-wall insert can be made for a child to provide a customized fit in a chair or child-seat). Training of parents and caregivers can include specific instruction on the use of the device or follow-up visits to make adjustments to the device.

## **2. Who is authorized to provide assistive technology services?**

AT services must be provided by qualified personnel as described in the personnel section of the Missouri state regulations for Part C.

Example:

- A Special Instructor can provide training on low technical devices such as switches or adaptive toys
- A Speech Pathologist would provide training on an electronic communication device.
- A Physical therapist would provide training on devices needed for mobility.

The following is a link to the Personnel Standards from the Missouri State Plan for Part C of IDEA: <http://dese.mo.gov/divspeced/FirstSteps/pdfs/fspersonstand04.pdf>

## **3. What factors should be addressed when evaluating/assessing the need for assistive technology?**

Several factors should be considered when assessing a child for assistive technology devices. These include:

- **The child's age and developmental status.** All developmental domains, including cognitive, communication, physical (including motor skills and abilities, mobility status, and sensory functions), social-emotional and adaptive development should be assessed to ensure the assistive technology device being considered can be used by the child to increase, maintain, or improve his or her functional abilities. Devices that promote attainment of functional outcomes and ability to participate in home and community life are important to consider.
- **The family's input related to the assistive technology device.** Parents should be included as important sources of information in determining the appropriateness of a device. Parents can provide information related to the practical use of the device. Parents can contribute to the assessment of the ease of use of a particular device and whether the device can be integrated into the family's lifestyles and routines (for example, if a device needs to be transported, will it fit in the car or usual mode of transportation used by the family).
- **The location(s) for the use of the device.** Consideration must be given to settings in which the child will need to access and use the assistive technology device to increase, maintain, or improve his or her functional capabilities. If the device needs to be used by the child in a variety of settings at home and in the community, each setting should be considered when selecting an appropriate device.
- **The potential for interaction with other devices or systems.** Consideration must be given to any other assistive technology devices that the child may already have or will be obtaining, to determine whether multiple devices are essential to meet the child's functional outcomes, and, if so, to ensure compatibility of the

devices or systems.

- **The full range of options available to achieve the desired outcome.** Prior to selecting the exact make and model, consideration should be given to the full range of options available. Devices can range from low tech to high tech. For example, an assistive technology device for communication can range from a simple picture board to a complex digital alternative communication device.

#### **4. What assistive technology devices require a written order or recommendation from a physician or other qualified professional?**

Requirements vary depending on the child's eligibility for Medicaid. Medicaid has specific requirements associated with the purchase of Durable Medical Equipment (DME). These requirements vary depending on the age of the individual and the type of equipment being purchased. For children who are Medicaid eligible, the Medicaid requirements **must** be followed. Service coordinators should check with the appropriate provider regarding the specific requirements associated with the device listed on the IFSP and follow those requirements prior to finalizing the purchase of the device.

For non-Medicaid eligible children, the service provider recommending the piece of assistive technology should advise the service coordinator of the specific needs associated with obtaining the device. If a fitting is required before a device can be ordered, then the provider should inform the service coordinator of that need and provide a recommendation regarding the appropriate professional to conduct the fitting. The service coordinator is responsible for arranging the implementation of all services and entering the appropriate authorization(s) into the child management system.

**Note:** Low technical devices do not require a physician's order.

#### **5. How are prior authorization requirements met?**

In some cases, prior authorization is required in order to access the funding source. The SPOE office must ensure that all such requirements have been completed prior to ordering the AT device.

- The provider specialty familiar with the required device should provide the SPOE staff with the necessary information related to Medicaid prior authorization requirements associated with the item to be purchased. If the provider is unfamiliar with the requirements, the service coordinator and/or SPOE office should contact Medicaid to request the necessary information.
- For Medicaid eligible children, the item may also require manual pricing. The service coordinator **must** instruct the service provider to submit the required prior authorization or manual pricing request to the Medicaid office. Once Medicaid completes their review, they will notify the provider of their decision. The provider **must** send a copy of the Medicaid notification to the SPOE office for final authorization processing.
- If the item requires a physician's recommendation in order to qualify for coverage, the service coordinator or SPOE staff **must** ensure that the recommendation is obtained from the child's physician.
- Only after all prior authorizations, manual pricing and/or physician's recommendations are obtained will the SPOE office be able to order the required device.

## **6. What information about assistive technology devices and services should be included on the Individualized Family Service Plan (IFSP)?**

Any time assistive technology devices and/or services are determined to be early intervention services required for the child to meet his/her developmental outcomes they must be included in the Individualized Family Service Plan as agreed upon by the IFSP team. At a minimum, the IFSP should include the following information:

- The outcomes that will be achieved for the child and family.
- A **general description** of the type of assistive technology device or devices needed by the child
- The projected dates for acquisition of the device (taking into account the amount of time required if the device requires prior approval from Medicaid)
- The method of acquisition (for example, whether the device will be purchased, leased, or loaned).
- The assistive technology services that are necessary to enable the child, family and other care givers to use the device to increase, maintain, or improve the child's functional capabilities.
- Specific training on the use of the device or follow-up visits to make adjustments to the device are examples of the types of assistive technology services that could be included on the IFSP.
- The qualified personnel who will be providing the assistive technology services.
- While not required, it is highly recommended that the IFSP include
  - the strategies and activities for use of the assistive technology device to increase, maintain, or improve the child's functional capabilities.
  - the individuals (including parents, other caregivers and family members, and qualified personnel) who will be assisting the child in using the device.
  - the settings in which the device will be used.

As with any service provided under First Steps, if a parent does not provide consent or withdraws consent after first providing it, that service may not be provided. Parents must give consent to initiate assistive technology as a service. If a parent requests assistive technology and the IFSP team determine it is not necessary to meet an outcome on the IFSP or it is an item not considered to be AT under Part C, then the service coordinator must provide the family with a Notice of Action refusing the parent's request.

## **7. What is the service coordinator's responsibility after a device has been identified?**

It is the service coordinator's responsibility to consult with professionals regarding the specifications needed for the device being considered and to identify a supplier to complete the authorization. In some cases, the item may be obtained through loan rather than lease or purchase.

## **8. How does the System Point of Entry (SPOE) process authorizations for assistive technology (AT) devices?**

When the SPOE receives a request for an AT device, the following steps must be followed:

- Contact the appropriate service provider in order to determine the specifications for the device listed on the IFSP, if this has not already been provided through the service coordinator. For example, if the child requires a simple communication device such as a picture board the service coordinator can contact

the special instructor. The special instructor will provide the information regarding materials needed so that the SPOE office can supply the special instructor with the needed materials. For high technical devices such as an augmentative communication device, the service coordinator would contact the speech/language pathologist (SLP) listed on the IFSP as the implementer of the services. The SLP will provide the basic requirements for the device so that the SPOE office will be able to locate and/or place an order for a device meeting the specifications.

- Determine if the needed item is available in the First Steps inventory. Some devices are able to be assigned to multiple users over time, while others are specifically built to meet the physical specifications of an individual user. The SPOE office will need to determine if the required device is available for re-assignment and take the necessary steps to assign the device to the new child.
- Identify the expected payment source-Medicaid, private insurance, or First Steps.
  - a) Items that can be purchased at a community retail store (i.e., Boppy Pillow) should be purchased by the SPOE. The SPOE administrator would be the provider listed in the child data system for the service and the CFO would pay the claim to the SPOE contractor.
  - b) Items to be constructed by the individual provider should be authorized through the SPOE administrator so that needed materials/supplies can be paid by the SPOE office. The CFO will reimburse the SPOE office through the standard claims submission process.
- If a used/loaned device is not available or if the device requires personal specifications, the SPOE director or their designee will authorize the purchase or lease of the device and place the order with an appropriate supplier. All orders must be placed with a provider approved by the funding source for such acquisitions.
  - a) Items for Medicaid eligible children must be ordered through a Medicaid approved DME provider.
  - b) All other items may be ordered through First Steps enrolled AT providers or if an appropriate provider is not on the service matrix, the SPOE office must order the device directly and submit the claim to the CFO for reimbursement.

**NOTE: Attachment C** is an example of procedures that some SPOE offices have implemented for processing AT purchases. Also attached is a sample letter to use when notifying the provider of the information needed to purchase the AT.

## **9. Is there an agency in the state where equipment can be borrowed?**

Missouri's ETC Program, Equipment Technology Consortium, is a short-term assistive technology equipment loan program for school districts and other agencies.

This loan program serves all ages. ETC is a free program, including the payment of all shipping fees. There is no limit to the number of devices that can be borrowed. Loans are six weeks in length and are options available to IFSP teams as they try to determine which device is most appropriate for the child before making a final decision regarding a purchase. ETC does not loan directly to consumers; agencies borrow on behalf of the individuals they serve. Where, when and how the devices are used is up to the borrower.

- With an increasing array of AT devices available for the birth-3 population, ETC can assist IFSP teams with suggestions regarding available devices, activities, and web resources. For more information on the ETC Program visit their web site at: <http://etc.rockhurst.edu/> or call David Baker at 1-877-781-6275.

## 10. How are payments for assistive technology devices processed?

Authorizations for AT devices entered into the child care management system are paid by the Central Finance Office (CFO) to the designated provider's payee. The CFO then submits eligible claims to Medicaid and/or private insurance carriers for reimbursement to MO First Steps for the device.

- Each SPOE office must enroll with the CFO as an AT provider. This allows the SPOE office to obtain the devices directly from a vendor and at the lowest price possible. Once the device is purchased, the SPOE office will submit a claim to the CFO and receive the payment directly from the CFO.
- For Medicaid eligible children, the claim submitted to the CFO by the provider **must** include the prior authorization (PA) number the provider received from the Medicaid agency if applicable. The CFO will submit the claim along with the PA number to Medicaid for processing and reimbursement. Without the PA number Medicaid will deny the claim.

## 11. What happens with the assistive technology device if the child moves to another SPOE Region or leaves the MO First Steps program? To whom does the device belong?

Federal regulations require that assistive technology devices purchased with federal Part C funds regardless of the cost remain the property of the First Steps system, not the property of the child and family. Families **must** be informed of this at the IFSP meeting. If a child transitions to Early Childhood Special Education (ECSE), the device may be transferred or loaned to the child's ECSE program if the child still needs the device. It is the responsibility of the SPOE to ensure the equipment is transferred to the ECSE program. If the child does not qualify for ECSE, moves to another state, or the device is no longer appropriate for the child, the device must be recovered from the family in order that the device may go to another child in the First Steps program or to a child in the ECSE program or to an assistive technology bank for future use by a First Steps eligible child. If the device is purchased by Medicaid or private insurance, the device belongs to the family.

Some information provided in this document is adapted from the State of New York's Early Intervention Program memorandum 99-1.

The Missouri Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5<sup>th</sup> Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.

## Attachment A

### Assistive Technology Examples

The following are examples of assistive technology devices that **may be provided** to First Steps eligible children and their families when determined necessary by the IFSP team. The assistive technology available to young children is changing and expanding at a rapid pace, and it should be noted that this list is not an exhaustive list of assistive technology devices. This list is intended to provide guidance for local decisions about assistive technology devices for individual children. There may be other items not listed that would appropriately meet the needs of children.

- **Devices to increase, maintain, or improve self-help skills and functional abilities related to daily living activities and routines.** Examples include adapted feeding utensils, devices that assist with seating and positioning, such as prone standers, and insertions and adaptations necessary to correctly position or support an infant or toddler in a seating position. These may include adaptations to common items such as car seats and strollers.
- **Devices to increase, maintain, or improve functional mobility.** Examples include orthotics, prosthetics, scooter boards, walkers, therapeutic strollers and wheel chairs.
- **Vision and hearing aids for children with diagnosed visual impairments and hearing impairments.** Examples include eyeglasses, external contact lenses, and magnifiers for children with diagnosed visual impairment; and assistive listening devices, such as hearing aids or other forms of amplification, for a child with a diagnosed hearing impairment. **Attachment B** contains more information about hearing devices and accessories.

**Note:** IDEA excludes medical devices that are surgically implanted, or the replacement of such devices (Sec. 602 B definitions).

- **Devices to increase, maintain, or improve communication skills and development, consistent with expectations for age-appropriate development.** Examples include communication boards, augmentative and alternative communication aids, and more complex communication systems.
- **Devices to increase, maintain, or improve cognitive development.** Examples include adapted toys, switches, and necessary connections to toys to enable an infant or toddler with disabilities to become more independent in their interactions with the physical environment (e.g., adapted toys with auditory signals for infants and toddlers with visual impairments).

The following are examples of items that are **NOT** considered assistive technology devices in First Steps

**Equipment or medical supplies solely related to a medical condition or chronic illness unrelated to the child's disability and developmental status, or that are life-sustaining in nature.** Examples include medical equipment such as suction machines, accessory pieces used for the maintenance of cochlear implants, feeding pumps, nebulizers, ventilators, apnea monitors, neuromuscular stimulators for shock treatment and pulse



oximeters which are life sustaining and/or that would be needed by any child to maintain his or her health.

- **Toys not adapted for children with disabilities.** Examples include items such as building blocks, dolls, puzzles, balls and other common play materials that are used by all children and are not specifically designed or adapted to increase, maintain, or improve the functional capabilities of children with disabilities.
- **Generic items typically needed by all children.** Common child items such as car seats, high chairs, youth beds, play tables, bath seats, infant swings, potty chairs or strollers, which are typically needed by all children, are not considered assistive technology devices reimbursable under First Steps, unless these items require highly specialized adaptations to accommodate the child's disability (see first bullet on previous page).
- **Standard equipment** used by service providers in the provision of early intervention services (regardless of the service delivery setting). Examples include tables, desks, chairs, therapy mats, tumble forms, therapy balls, vestibular swings, gait ladders, etc.
- **Standard equipment and supplies** used by providers for the provision of preferred methodologies, such as listening tapes, special CDs, head phones, etc are not considered assistive technology devices reimbursable under First Steps . This equipment should be provided or loaned to the family by the provider.

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## Attachment B

### Hearing Devices and Accessories

First Steps does **not** purchase cochlear implants, accessories related to cochlear implants, or warranties related to cochlear implants.

First Steps does **not** purchase warranties on hearing aids or FM systems.

Generally IDEA considers hearing aids to be a personal use device that the child would need whether or not they are receiving services under IDEA and therefore not generally considered as necessary assistive technology. However, if the child's IFSP team determines a hearing aid to be a necessary assistive technology device in order to increase, maintain or improve the functional capabilities of the child; First Steps will purchase a hearing aid that is appropriate for the age and needs of the child during their participation in First Steps.

When it has been determined by the IFSP team that obtaining a hearing aid is an appropriate early intervention service for the child, First Steps will cover basic accessories for the hearing aid, if purchasing these accessories is necessary in order for the child to benefit from using the device. Procedures for the purchase of the accessory items must follow the same procedures as outlined in this guidance for purchasing AT devices.

Some examples of accessories and maintenance items that may be purchased if deemed necessary are:

- Batteries (estimated at not more than 40 per year)
- Ear molds (on average about 4 pair per year)

Items that are typically needed for care and maintenance may include:

- Battery tester
- Stethoset (allows you to listen to the hearing aid sounds)
- Air blower (blows out moisture and ear wax)
- Dry aid jar (necessary to help evaporate moisture out of the aid)
- Audio wipes (sterilize the ear molds and the aid)
- Volume control cover (prevents the child from accidentally turning up or down the volume)

Items that may be necessary on an individual child bases determined by the IFSP team:

- Otoease – sterile gel that is used to help with the fit when necessary
- Otoferm – similar to Otoease in purpose
- Oto clips – clips the aid to clothing to keep it from falling and being lost.
- Oto adhesive pads
- Super seals – used when there is feedback or fit needs to be improved
- Ear hooks
- Huggies – help keep the aid on and positioned properly
- Mic lock

If a child with a hearing aid is receiving services at a special purpose center, it is recommended that the parent provide the center with a supply of batteries or other accessories that may be needed while the child is in attendance (whether purchased by the parent or by First Steps). The center may already have on hand some of the non child-specific items such as battery testers, so those may not need to be provided.

## **Attachment C**

### **Assistive Technology Process**

The following is an AT process used in some SPOE offices that follows recommended guidelines.

**Step 1:** IFSP Team determines the need for Assistive Technology (A.T.) and records it in the Strategies section of the Outcome to which it applies. (Explain to the family and team the process of obtaining Assistive Technology.)

**Step 2:** Inform SPOE Director of the need for A.T. Notification is preferred to be in the form of an e-mail message indicating the following: Name of child, Date of meeting held, A.T. requested, if the child has Medicaid, and the provider recommending the device.

**Step 3:** SPOE Director will research possibilities for obtaining the device. This can include the inventory list of A. T. available at the SPOE (or other SPOE locations in the state), Loan Centers, First Steps providers on the Matrix, etc.

**Step 4:** SPOE Director will discuss findings with Service Coordinator.

**Step 5:** If an item is available through inventory, the professional recommending the A.T. or a provider who obtains such equipment may be invited to inspect the item to determine if it is suitable. (No missing pieces, the correct size, etc.)

**Step 6:** If an item is available through loan, the SPOE Director will arrange for the loan of the item and assign the item to the family.

**Step 7:** If an item is to be purchased, the SPOE Director will determine if the purchase should be through a provider on the First Steps Matrix or if it can be purchased more economically and efficiently by the SPOE as a provider.

**Step 8:** If an item is to be purchased through the SPOE as a provider, the item will be authorized by the service coordinator and then purchased by the SPOE and billed through the CFO.

**Step 9:** If an item is to be purchased through a provider on the First Steps Matrix, the SPOE director will refer to the Medicaid status of the child.

\* When the child does not have Medicaid, the service coordinator will be notified and the item will be authorized in the IFSP by the service coordinator.

\* When the child has Medicaid, a letter will be sent to the provider on the First Steps Matrix requesting that the provider obtain MEDICAID PRIOR APPROVAL. When the prior approval is obtained, the service coordinator will be notified and the A.T. item will be authorized in the child's IFSP by the service coordinator.

**Step 10:** The SPOE Director will keep an inventory of all Assistive Technology items obtained for children. (loaned and purchased)



Date:

XXXXXXXXXXXX  
XXXXXXXXXXXX  
XXXXXXXXXXXX

Dear XXXXXXXXX,

I have received your recommendation for *(insert specific item)* for *(insert child's name)*. Since this child is Medicaid eligible I am requesting that you obtain any Medicaid approval necessary for the equipment recommended. Please notify me when you receive the prior approval or manual pricing. If Medicaid should reject any of the items, send me a copy of the Medicaid rejection letter. The following information is provided to assist in obtaining the necessary approval/pricing:

Child: XXXXXXXXXXXX  
DOB: XXXXXXXX  
Medicaid #: XXXXXXXXX  
Parent: XXXXXXXXX  
Address: XXXXXXXXXXXXX  
Phone: XXX\_XXX\_XXXX

Thank you for your assistance with obtaining the needed equipment for this child. If you have questions, you may call me at XXX-XXX-XXXX or my cell number XXX-XXX-XXXX.

Sincerely,

Director,